

Kilmacthomas Badminton Club
Juvenile Membership Form 2018/2019

Name: _____

Address: _____

Date of Birth: _____

Contact Name and Number: 1. _____

2. _____

Email address: _____

Medical Conditions/Allergies: _____

Please circle as appropriate:

I give/ do not give permission to Kilmacthomas Badminton Club to take photos of my child and use them to celebrate achievements and promotion of the sport.

I (child signature) _____ agree to follow the rules of Kilmacthomas Badminton Club.

Parent/Guardian Signature: _____ give consent for Kilmacthomas Badminton Club to use my/child's data for the reasons as outlined in this membership form.